CMS Net User Meeting
Minutes
May 16, 2002

Medical Therapy Program Module within CMS Net
Linda Klaman, Occupational Therapy Consultant for Sacramento Regional
Officediscussed the CMS Net Medical Therapy Program function and introduced
the project team, background of each participant, why they were selected and
what knowledge they bring with them. Nancy Mulholland, Physical Therapy
Consultant for Santa Barbara County CCS, gave a presentation on benefits of
the new enhancements to the Medical Therapy Program component. The
Medical Therapy Program component benefits are:
- Integrated case management system; enhances communication between the
  case management teams, therapist(s), family, and other service providers
  (e.g. DME dealer, orthotist, medical home, medical specialists)
- Decreases time between referral and service provision. Allows users to tract
  a record from the 1st referral through provision of service to discharge from
  MTP services.
- Provides data and management reports for MTP at a local level.
- Provides statewide data collection using standardized MTP data entry.
- Ability to record current and historical MTP data.
- Provides a method for billing Medi-Cal for therapy services provided by
  county staff.

Nancy also presented what will be enhanced within in a short-term time frame
(within two months) verses long-term.
Short-term enhancements are:
- Menus (new menu options)
- Tables (updated tables)
- New fields (referral fields)
- Letters, reports and ticklers
- Patient Treatment Record (PTR)
- Courtesy case security
- Batch processing for letters (MTC appointment, LEA referral response)
- Auto population of shared fields with Patient Registration Screen
Long term enhancements are:
- Full screen format
- Tracking screens: MTP vs. MTU
- PTR transaction to EDS for claims processing
- MTU chart locator
- MTU transfers
- Auto narratives
- Historical tracking

Nancy concluded by saying that the Medical Therapy Program function was very beneficial to their county. With the implementation of the MTP module, Children's Medical Services will provide: help desk support, new users manuals, new users training, new help messages and a new forum for MTP user feedback.

<u>Change Cycle Update</u>
Traci McCarley presented change cycle process for CMS Net updates. Topics included how change cycle items originate, how users may request changes, who reviews the change cycle items before implementation and a short description of June/July change cycle items.

How do change cycle items originate?
- Policy Changes
- User Requests
- System administrator review and intervention
- Maintenance contractor review and intervention

How do Users request changes?
- Via a workgroup participant
- E-mail: cmshep@dhs.ca.gov
- Phone help desk: 916-327-2378 or 866-685-8449

Who reviews change cycle items before implementation?
- Program Operations Section and Program Standards and Quality Assurance Sections of the Children's Medical Services Branch
- Workgroup participants
- Peer review by state staff
- Maintenance Contractor
- Change Manager

Who does CMS Net get updated with the approved changes?
- State analysts develop work requests for the CMS Net contractor to make changes
- Formal process of testing in 3 environments
- Peer review of all work

Change cycle items (tentative June 2002)
- View narrative function to full screen, with additional sort/search capabilities
- Correction to the existing management reports, including a detailed description of each report and a manual update to generate the reports
- Two new management reports to meet plan and fiscal guidelines requirements
- Add ability to authorize for services for historical eligibility periods so long as the client was eligible in the county during the time period

- Automate the cancel authorization process to include a "canceled authorization" letter and the effective date of cancellation.
- Uppercase/lowercase character recognition for all full screens
- Medical Therapy Program support, including training and manual updates

Change cycle items (tentative July 2002)
Generate tickler/batch correspondence in full screen
- Add disclaimer to the Program Services Agreement (PSA)
- Ability to carbon copy authorizations to the Medical Home or Managed Care Plan
- Send/print/cancel correspondence in full screen

Help Desk Questions and Answers
How do I change a program begin date?
- In Eligibility, select the period you want to correct (current or pending).
- Select Pending Eligibility. The cursor will default to the Program Begin Date Field
- Use F7 to erase the date and then enter the correct date.

How do I change a program end date?
- In Eligibility, select the period you want to correct (current or pending).
- Select Program Eligibility.
- The cursor will default to the Program Begin Date Field - Use the down arrow to move to the End Field.
- Use F7 to erase the date and then enter the correct date.

When I go to the pending/program eligibility screen and press F2 to invoke the action menu the following message appears, "Program begin date cannot be on or before previous program begin date." Why?
- The program end date in History is the same as the program begin date in the current period. The begin date will have to be corrected.

What do you do when the MEDS CIN doesn't come up on the SCI inquiry screen?
- Go to MEDS and compare the information to ensure it is the same as the information listed in the CMS Net file.
- Check to ensure Gender is the same
- Spelling of name is the same including commas and spaces.
- Is Date of Birth the same?

While conducting an SCI inquiry and trying to link to the correct CIN, why do I get the following error message? "Unable to link notify your system manager"
- The CIN is already linked to another CCS number. Enter the CIN on the Patient Identification Screen and press enter to determine the CCS number linked to the entered CIN.

My Healthy Family Plan Report only prints one patient per page?
- Plan names must be keyed exactly the same to print all patients on the same page.

My Healthy Family Plan Report doesn't print all our vendors with Healthy Family cases.
- Healthy Family Plan vendor names must include HF or Healthy Family in order to show up on the list.

When entering a request with a future effective date, the following message appears "Date is entered in invalid format"
- The system is not recognizing the numeric keys. You may need to reboot your computer.

When entering a future date in the Date Closed field on the Client Eligibility screen, why do I get the following message?
"Enter the date case is closed in the format MM/DD/YYYY"
- The system will not allow future dates.

The system will not allow me to start a new pending period for the correct date. How can I fix this?
- Call the Help Desk.

I hate having to enter past the birthday and gender fields!!!
- Good News! Just enter the patient name and press your "Page Down" key.
- The "Page Down" key also works as a short cut on the Patient Registration Face Sheet.

When and why should I make a case transfer active?
What is the correct status for a county to use when receiving a transferred case?
- Transfer active is used in order to issue letters to confirm a patient has moved to a new county.
- The correct status for the receiving county to enter is "Reopen Pending"
- The case should be closed by the old county prior to the new county taking responsibility.
- The old county should not change the legal or residence county and the new county should not Open the case until the old county has closed it.

Client Index Number Clean-up
State CMS staffs have been working on a clean up of duplicate records on MEDS. If CMS Net users find duplicates on MEDS contact CMS Net Help Desk. See Attached Fact Sheet for details.

Other information provided includes:

- County MEDS Coordinator Contact List –contact CMS Help Desk for Updated List.
- On Alerts in the 9000's range where CRITICAL CLIENT DATA either updated or not…. It is important for workers to check for CCS eligibility impact.
  - Make sure the CIN is ongoing CIN on MEDS.
  - Check other core data:
    - DOB
    - MEDS ID
    - Gender

Pending Transfers
CAN DO and CANNOT DO within the Pending Transfer component.
Users will have the ability to:
- See Pending Transfer screen in a full screen format.
- See the Transfer/Active status within the patient header.
- Select from a pick list on some fields.
- Access the Pending Transfer screen if in Active or Transfer/Active status.
- Make all pending transfer changes from one screen.
- Clear all screen edits by changing the status from Transfer/Active to active.
- Auto clear the Pending Transfer screen when the case has been closed in Client Eligibility.
- Auto populate current legal address data to the Pending Transfer screen from the Registration Face Sheet.
- Track letters and history from the Pending Transfer screen.
- Back out all letters gracefully.
- Cancel out from edits entered.
- Save comments to an auto narrative.
- Generate Ticklers
- Display case status in the Patient Registration Face Sheet.
- Access patients from **YOUR COUNTY**
- Transfer a case within **YOUR COUNTY**
- Access to help messages.
- Generate comments for Display Events.
- Put free text in the pending transfer letters.
- Auto populates carbon copies on letters.
- Enter last, first name or reverse (will display correctly on the letter).
- Pending Transfer is NOT REQUIRED OR FORCED for past transfers.

Users will **NOT** have the ability to:
- Access a record in the Pending Transfer screen with a Closed, Pending, Reopen Pending, Denied or Not Opened case status.
- **RECEIVING COUNTY CANNOT ACCESS RECORD UNTIL THE SENDING COUNTY HAS CLOSED THE RECORD**

- Access a record unless the record shows your county as the legal county
- Change the status in Registration Face Sheet from an Active Status to Transfer Active or reverse
- Generate letters in send correspondence
- Bypass mandatory fields.
- Edit auto populated data from the Patient Registration Face Sheet.
- Auto Populate to the New Addressee data from the Pending Transfer screen to the Patient Registration Face Sheet or Residential Worksheet.
- Close or Deny a case from the Pending Transfer screen.
- Serve as sole communication between County/Family/Other

The presentation demonstrated the following:
- Default value of Transfer/Active on the Pending Transfer screen
- Table options on Status field (Active/Transfer Active)
- Table options on the notified by field (Other/Family). Explained how letters will be generated based on the value selected.
- Table option on Letter Status. Generated the 1st letter. Explained how letters display on the pick list based on previous letter generated.

Default/Free Text
- Displaying the defaulted values carried over from the Patient Registration Face Sheet and is not editable from this screen.
- Explained that all other fields are free text and what fields are required.

Comments Field
- Carry over to the automatic narrative and displaying the narrative for users to see.

Changing the status in the Pending Transfer screen from Transfer/Active to Active
1. Will wipe clean screen without saving data entered.
2. Changes the status in Registration back to Active
3. Defaults the status field in the Pending Transfer screen to Transfer/Active

Registration
- Header Field – displays TRANSFER/ACTIVE
- Letter History – shows 1st letter generated

Question

What is the final step in the transfer process?
Answer: SENDING COUNTY CLOSES THE RECORD CLIENT ELIGIBILITY, WHICH ALLOWS RECEIVING COUNTY TO ACCESS THE RECORD.

Policy Issues Discussed

"Can counties accept a families verbal statement that they are over income for CCS without requiring the family to provide financial documentation to substantiate?

- The patient's record (financial screen comment field) should be documented to reflect the families statement that they are over income.

"What CCS aid code should be used when a HF child is referred for diagnostic services and services cannot be performed within the first sixty days?

- The 9K aid code would be used.

Reminded Counties regarding the following Healthy Families issues:

- The CCS aid code should be changed from 9R to 9K when county is notified that MRMIB verification indicated that family income is not over $40K. CMS policy is that we accept MRMIB's verification. Additionally, NL 01-0299 CCS established CCS policy that excludes HF applicants/families from having to meet a separate CCS financial eligibility determination.
- To be consistent on how they input HFP plan information in CMS Net.
- To use CCS aid code 9K when a case is registered and the family has not declared their annual income to be over $40K. If family fails or refuses to complete the CCS program eligibility process that the CCS aid code should be changed from the 9K to 9R on the 61st day from the date of referral.
- Children who are identified with duplicate CIN#s should be submitted to me with their identification information in order that the records are appropriately linked and corrected if necessary.
- To have families sign a PSA including families of HF children whose annual income is greater than $40K.

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- the 9K-aid code would be used.

Attachment

CMS Net
Resolving Duplicates on MEDS/SCI
Fact Sheet
May 16, 2002

- Why clean-up?
  – Resolve duplicates on MEDS/SCI and assure correct eligibility for CCS clients on MEDS.
- What is an orphan?
  – A CCS record on MEDS that does not have the MEDS ongoing CIN assigned in CMS Net.
- What is a duplicate?
  – Two (or more) records on MEDS for same client.
- What causes orphans and duplicates?
  – Bad file clearance
  – Batch Updating
- How do I find out about orphans and duplicates?
  – Worker Alert
  – File Clearance (SCI Inquiry)
- How do I resolve?
  – Relink!
  – CMS Help will resolve on MEDS/SCI
- What's a GZ11, EW11, MB11?
  – GZ11 -- CMS's transaction to combine duplicates on MEDS
  – EW11 -- County's MEDS transaction to combine duplicates on MEDS
  – MB11 -- Medi-Cal Eligibility Branch's transaction to combine duplicates on MEDS.
- How will I be able to tell if a record has been combined?
  – The MEDS x-ref (XC) screen will have the "old" CIN/SSN cross-referenced
  – "New" Alert GZ99 - 9032 EW11-CRITICAL CLIENT DATA CHANGED; CHECK FOR SYSTEM UPDATE   -- ALERT (EW11 is generic message).
  – If the CMS System Administrators make any changes to the CMS Net record, they will enter a narrative.
- If there are any questions, call the CMS Net Help Desk --
  – 7:00 a.m. - 5:00 p.m. 916-327-2271 or toll free 866-685-8449
  – 5:00 p.m. - 7:00 p.m. 916-606-6334
  – Fax Alerts to 916-327-0997 ATTN: CMS Help